

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	04/01/2023 13:10 (SGT)
Reported by	Driver
Date of Accident	03/12/2022 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLAND CENTRE RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM434U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ASIAWIDE PRINT HOLDINGS
Company Reg No	200711258W
Email Address	ASIAWIDE-AS@AWPH.COM.SG
Mobile Phone No	(Phone) +65-81252344
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	AVENT
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	NG SHENG TONG
NRIC No	S7364452F
Date Of Birth	15/11/1973
Occupation	Indoor

Date Of Driving Pass	07/03/2000
Driving experience	22 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93291620
Alt. Phone Number	-
Email Address	ASIAWIDE-SS@AWPH.COM.SG
Address	783D WOODLAND RIDE #03-19
Address complement	-
Postcode	734783
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE SIZE TOO LARGE.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS421B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

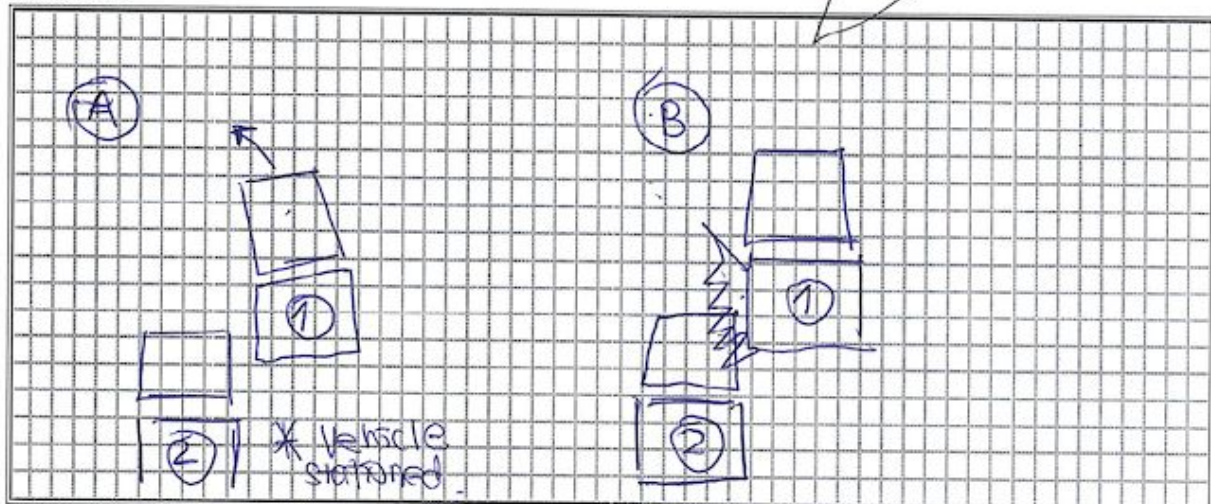
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

 03rd JAN 2023
Driver's Signature (if driver is not the policyholder) / Date & Time

 31/1/2023
Witnesses by Reporting Centre Personnel
(Name as in NRIC Card)

Sketch Plan



Describe Circumstance of the Accident

travelling towards checkpoint along Woodlands Centre road
 Very heavy traffic when I saw ~~to~~ 2 vehicle stationed at
 not moving with traffic. Multiple cars have to cut both
 cars and I was moving along with traffic. Suddenly
 felt a slight collision at the ~~side~~ left side of
 my vehicle and later noticed that it was vehicle 2
 -SL5421B which bang into my car. (~~from~~) from the
 left. Driver of Vehicle 2 was aggressive and insisted
 that we shouldn't cut into his lane. ~~But~~. He
 explained that his car does not moving due to
 an earlier collision with another car and we
 have to avoid his car.

Did not process any claims as I thought no damage
 on car and we were not at fault.

*LEGEND DIAGRAM A - Traffic movement Before collision
 'DIAGRAM B - Traffic movement ~~at~~ during collision'
 VEHICLE - ①
 VEHICLE - ②

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date
& Time

Witnesses of Reporting Centre Personnel
(Name as in NRIC/ID card)











